

CLAIMS ONLY						Application Number 09/806265	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
		Indep	Depend	Indep	Depend	Indep	Depend
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49							
50							
Total Indep				3			
Total Depend				5			
Total Claims				8			